



Early Learning Advocacy Day

March 12, 2019

ELAD Meeting Location
California New Car Dealers Association

REGISTRATION FORM

Please print clearly or type form. Complete one form for each registrant. Copy this form if signing up multiple registrants.

Name _____

Organization/Agency Name _____

Address where you are registered to vote: Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email _____

Special Needs: Sign language interpreter* Wheelchair access Vegetarian Other

*Sign Language Interpreter—Request must be made at least three weeks prior to the event.

ARE YOU A MEMBER OF (check all that apply):

CAAEYC CCCA CCRC Children Now CAPP
 EveryChild CA First 5 Association of California Head Start CA OCAEYC RRNetwork

LEVEL OF ADVOCACY EXPERIENCE:

Less than 1 year 1-5 years More than 5 years

LEGISLATIVE APPOINTMENT INFORMATION:

Your State Assembly Member _____

Your State Senator _____

Do you have a relationship with other legislators or their staff members? If yes, who? _____

Is there a legislator you would like to visit? If yes, who? _____

YES, I will participate in legislative visits NO, I will not participate in legislative visits
 YES, I will be a legislative visit team leader (more info to come) NO, I will not be a legislative visit team leader

We will do our best to schedule you with your legislator; however, there are no guarantees.

PAYMENT INFORMATION – Registration Fee: \$50 (Registration deadline: March 5, 2019)

Payment by credit card—register online at headstartca.org (do not email credit card information). Payment by check must be mailed with this form.

Check # (Payable to Head Start California) _____

Card # _____ Security Code* _____ VISA MasterCard Discover

Cardholder Name _____ Exp. Date _____

Card Billing Street Address _____

City, State, Zip _____

Authorized Signature _____ Date _____

*Security code is the last three digits on back of card, found on signature line.

REGISTER ONE OF TWO WAYS! Payment must be submitted with registration.

- 1 Register online at <https://cvent.me/1qxEx3>
- 2 Mail this form to Head Start California, Attn: ELAD Registration • 1107 9th Street, Suite 300 • Sacramento, CA 95814

Questions? Contact Head Start California at
(916) 444-7760 or info@headstartca.org.

